

Nicole Holton, DC, PC
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503.236.9609



Patient Informed Consent

I, the undersigned, hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physiotherapies (e.g. massage, applied heat, Graston Technique), physiological therapeutics (e.g. mineral/vitamin supplementation) on me (or the patient named above for whom I am the guardian) by Dr. Nicole Holton.

I understand, and am informed, that though chiropractic treatments are usually beneficial and rarely cause a problem, like every other form of healthcare, there are some risks. These can include, but are not limited to, sprains, strains, fractures, disc injuries, strokes, dislocations, nutrient-drug interactions, and nutrient-nutrient interactions.

I understand that the doctor will perform an exam in order to minimize any risks. However, I do not expect the doctor to be able to anticipate and explain all possible risks and complications. I therefore wish to rely on the doctor to exercise professional judgment during the course of the procedure which the doctor feels at the time, based upon the facts as then known, is in my best interests. Finally I understand that Dr. Holton gives no guarantee or assurance as to the results of her procedures.

I have read, or had read to me, the above consent. I have also had the opportunity to ask questions about its content, and by signing below, I agree to the procedures. I intend this consent form to cover the entire course of present condition and for any further conditions(s) for which I seek treatment.

Patient's/Guardian's Signature

Date